No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7062

FILED FEB 24 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1441

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")

(d) Street No. R-1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME John Franklin Utley

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mysie Utley

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April (Month) 28 (Day) 1886 (Year)

8. AGE: Years 60 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Belknap (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Police Judge

11. Industry or business

FATHER
12. Name Harvey Utley
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mysie Utley
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 700 Washington Blvd.

19. (a) FEB 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th year 1947 hour 7 30 minute P M.

21. I hereby certify that I attended the deceased from Jan 25, 1947 to Feb 8, 1947, that I last saw him alive on Feb 8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia — Duration 10 days

Due to Chronic nephritis & hepatitis & ulcers of stomach — Probably 1 or 2 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. C. Bradford (M. D. or other)

Address 958 Arcade Bldg Date signed 2/10/47

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.